**FILED** 

May 10, 1999 8:00 am Secretary of State

05-10-1999 90109 043 \*\*\*150.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F93000002651

1. Corporation Name

NANCE, INC.

Principal Place of Business

| 210 S PARSONS AVE<br>STE 12<br>BRANDON FL 33511   |   | 210 S PARSONS AVE<br>STE 12<br>Brandon FL 33511 |             |   |                     | DO NOT WRITE IN                              | THIS S                             | PACE | <b>=</b>      |            |             |  |
|---|---|---|-------------|---|---------------------|--|------------------------------------|------|---------------|------------|-------------|--|
| US US   |   |   |             |   |                     | 3. Date Incorporated or Qualifed 06/08/1993  |                                    |      |               |            |             |  |
| 2. Principal Place of Business 2a. Mailing Address  |   |   |             |   |                     |  | FEI Number                         |      | $\neg$        | App        | lied For    |  |
| 21  |   | 26  |             |   |                     |  | 62-1530139 Not Applie              |      |               | Applicable |             |  |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.                             |             |   |                     | \$8.75 Additional                            |                                    |      |               |            | dditional   |  |
| 22  |   | 27  |             |   |                     | 5.   | Certifcate of Status Desired       |      | Fe            | e Rec      | juired      |  |
| City & State  | 9   | City & State                                    |             |   |                     | 6  | Election Campaign Financing        |      | \$5           | .00        | May Be      |  |
| 23  |   | 28  |             |   |                     | "  | Trust Fund Contribution            |      | Added to Fees |            |             |  |
| Zip   | · · · · · · · · · · · · · · · · · · ·               |   |             | ntry 8. This corporation owes the current year Intangible |                     |  |                                    |      |               |            |             |  |
| 24  | 25  | 29  | 30          |   |                     |  |                                    |      |               | □No        |             |  |
|   | 9. Name and Address of Current Registered Agent     |   |             |   |                     | 10. Name and Address of New Registered Agent |                                    |      |               |            |             |  |
| J. Walle  |   |   |             |   | Name                |  |                                    |      |               |            |             |  |
|   | DR. VAUGHAN<br>S. DADSONS AVE                       |   | 82          |   |                     | ress (P                                      | P.O. Box Number is Not Acceptable) |      |               |            |             |  |
| 210 S PARSONS AVE<br>STE 12   |   |   |             | 83  |                     |  |                                    |      |               |            | <del></del> |  |
| BRANDON FL 33511  |   |   |             | 83  | 1                   |  |                                    |      |               |            |             |  |
|   |   |   |             | 84  | City                |  |                                    | FL   | 85            | Zip C      | ode         |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |   |   |             |   |                     |  |                                    |      |               |            |             |  |
| SIGNATURE   | Signature, typed or printed name of registered agen | t and title if applicable. (NOTE:               | Registered  | Agent   | 1 signature require | ed when n                                    | einstating) DAT                    | E    |               |            |             |  |
| 12.   | OFFICERS AN   | D DIRECTORS                                     | 13.         |   |                     |  | ADDITIONS/CHANGES TO OFFICER       |      |               |            |             |  |
| TITLE   | PCD   | ☐ DELETE  | 1.1 TITLE   |   |                     |  |                                    | ļ    | Ch:           | ange       | ☐ Addition  |  |
| NAME  | VAIGHAN, NANCY F                                    |   | 1.2 NA      |   | 1.2 NAME            |  |                                    |      |               |            | !           |  |
| STREET ADDRESS  | 210 S PARSONS AVE STE 12                            |   | 1.3 ST      | 1.3 STREET ADDRESS  |                     |  |                                    |      |               |            |             |  |
| CITY-ST-ZIP   | BRANDON FL 33511                                    |   |             | 1.4 CiTY-ST-ZiP   |                     |  |                                    |      |               |            |             |  |
| TITLE   |   |   | 2.1 TITLE   |   |                     |  | -                                  | Chi  | ange          | Addition   |             |  |
| NAME  | PARKER, DEREK 22N                                   |   | 2.2 NAME    |   |                     |  |                                    |      |               |            |             |  |
| STREET ADDRESS  | ALA A BARGONA AVE ATE 40                            |   |             | STREET ADDRESS  |                     |  |                                    |      |               |            |             |  |
| C/TY-ST-ZIP   | BRANDON FL 33511                                    |   |             | ITY-S   | T-ZIP               |  |                                    |      |               |            |             |  |
| TITLE   |   |   | 3.1 TITLE   |   |                     |  |                                    | Chi  | ange          | Addition   |             |  |
| NAME  | 32/   |   | 3.2 NA      | 3.2 NAME  |                     |  |                                    |      |               |            |             |  |
| STREET ADDRESS  |   |   | 3.3 ST      | REET  | ADDRESS             |  |                                    |      |               |            |             |  |
| CITY-ST-ZIP   |   |   | 3.4. C      | ITY-S   | T-ZIP               |  |                                    |      |               |            |             |  |
| TITLE   | ☐ DELETÉ 4.1 T                                      |   | 4.1 TITLE   |   |                     |  | l                                  | ☐ Ch | ange          | ☐ Addition |             |  |
| NAME  |   |   | 4. 2 N      | AME   |                     |  |                                    |      |               |            |             |  |
| STREET ADDRESS  |   |   | 4.3 ST      | REET  | ADDRESS             |  |                                    |      |               |            |             |  |
| CITY-ST-ZIP   |   |   | 4.4 CI      | TY-ST   | -ZIP                |  |                                    |      |               |            |             |  |
| TITLE   |   | ☐ DELETÉ  | 5.1 TF      | TLE.  |                     |  |                                    |      | Ch            | ange       | ☐ Addition  |  |
| NAME  |   |   | 5.2 NA      | ME  |                     |  |                                    |      |               |            |             |  |
| STREET ADDRESS  |   |   | 5.3 ST      | REET  | ADDRESS             |  |                                    |      |               |            |             |  |
| CITY-ST-ZIP 5.4 CI  |   |   | CITY-ST-ZIP |   |                     |  |                                    |      |               |            |             |  |
| TITLE   | ☐ DELETE 6.1  |   | 6.1 TI      | 1 TITLE   |                     |  |                                    |      | Chi           | ange       | ☐ Addition  |  |

CITY-\$T-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

8136514184